Under the Paperwork Reduction Act of 1895, no paracre are required to respond to a contection of information unless a displays a valid CMB controllumber. Approved for use through 7/3 1/2008, OMB (#1-003) U.S. Peterd and Trademark Office: U.S. DEPARTMENT OF COMMERCE Subalture for Form PTO-876 Application or Docket Humber Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THA! OR HUMBER FILED SMALL ENTITY NUMBER EXTRA BASIC FEE RATEM (3) CFR 1,16(4), (4), & (c)) NA FEE (1) . NA MIEN SEARCH FEE NA FE (I) 150.00 (3) CFR 1 16(14, 14, 00 (m)) · NA NIA 300,00 NIA. **EXMINATION FEE** NA \$250 (31 CFR 1.16(0), (p), or (q)) NA NIA NA \$500 TOTAL CLAMES NA \$100 (3) OFR 1.16(1) NIA \$200 MITHUS 20 a INDEPENDENT CLAIMS X\$ 25 (37 CFR 1.16(N) OR X\$50 minus 3 Xioo If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE la \$250 (\$125 for small entity) for each (37 CPR 1.16(e)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= "If the difference in column 1 is tess than zero, enter "O" in column 2. +360+ TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING SMALL ENTITY 10/23/06 AFTER AMENDMENT NUMBER PRESENT ENDMENT RATE (1) PREVIOUSLY EXTRA ADOI-RATE (\$) Total name PAID FOR THOMAL ADOL Minus 20 FEE (1) TIONAL profe Light FEE X\$ 25 Minus X\$50 OR 35093 Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= +360= OR TOTAL ADO'L FEE TOTAL 2000 OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT ENDMENT RATE (1) PREVIOUSLY AMENDMENT. ADDI: EXTRA RATE (1) DI CER LIGHT PAID FOR TIONAL FEE (1) HOOK Minus TIONAL Independent OF LIGHT FEE (1) X\$ 25 Minus X\$50 OR. Application Size Fee (37 CFR 1.16(5)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.140) +180= +360= OR TOTAL

If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" (In this space is less than 3, enter "3".

This collection of information is required by 97 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the including gathering, preparing, and submitting the completed application form to the uspro. Three will very depending upon the individual case. Any comments and tradsmark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS